

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550437

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		3		3		
5		4		4		
6		5		5		
7		6		6		
8	1		1			
9		1		1		
10		2		2		
11		3		3		
12		4		4		
13		5		5		
14		6		6		
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16		8		8		
17		9		9		
18		10		10		
19		11		11		
20		12		12		
21		13		13		
22		14		14		
23		15		15		
24		16		16		
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26		18		18		
27		19		19		
28		20		20		
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36		28		28		
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42		34		34		
43		35		35		
44		36		36		
45		37		37		
46		38		38		
47		39		39		
48		40		40		
49		41		41		
50		42		42		
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	28	←	28	←		←
TOTAL CLAIMS	30		30			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						